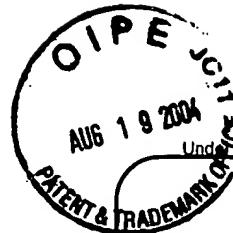


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TRANSMITTAL
FORM

(to be used for all correspondence after initial filing)

		Application Number	09/646,638
		Filing Date	September 20, 2000
		First Named Inventor	TOWNSEND, James Dunstone
		Art Unit	2125
		Examiner Name	RAO, Sheela S.
Total Number of Pages in This Submission	13	Attorney Docket Number	4856/004

ENCLOSURES (Check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)	
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences	
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)	
<input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information	
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter	
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):	
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	- Return Receipt Postcard	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	- GRR check #56062 for \$110.00	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	- GRR check #56075 for \$330.00	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application			
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53			
<input type="button" value="Remarks"/> Extension of Time Request in duplicate Notice of Appeal in duplicate			

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Tiberiu WEISZ Gottlieb Rackman & Reisman PC
Signature	
Date	August 17, 2004

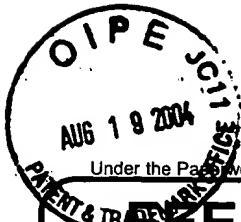
CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Susan PIPERNO		
Signature		Date	August 17, 2004

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PTO/SB/17 (10-03)

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FEES TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	
TOTAL AMOUNT OF PAYMENT	(\$ 440.00)

Complete if Known	
Application Number	09/646,638
Filing Date	September 20, 2000
First Named Inventor	TOWNSEND, James Dunstone
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METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)																																																																																																																																																																																									
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 07-1730 Deposit Account Name: Gottlieb Rackman & Reisma				3. 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SUBMITTED BY				
Name (Print/Type)	Tiberiu WEISZ		Registration No. (Attorney/Agent)	29,876
Signature			Telephone	212-684-3900
Date	August 17, 2004			

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